



# APPLICATION FOR CITIZEN'S POLICE ACADEMY

The Vidalia Police Department would like to offer the opportunity to participate in the Department's Citizen's Police Academy to qualified applicants. The application is the first step in the process of participation and complete answers to questions are required to assess a candidate's qualifications. Please print or type the information clearly in black ink. Additional pages may be attached to supplement answers; however, supplemental papers must have the applicant's name in the upper right hand corner and the number of the question being supplemented. Resumes may not be used to answer questions.

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## Personal Information

1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number
2. \_\_\_\_\_  
Last Name, First Name, Middle Name
3. Address \_\_\_\_\_  
Street Number Street City State Zip
4. U.S. Citizen  Yes  No
5. \_\_\_\_\_  
Height Weight Hair Color Eye Color
6. Do you need accommodation in completing application?  Yes  No
7. Age 20 or older?  Yes  No

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## Education

8. High School Graduate:  Yes  No
9. GED:  Yes  No  N/A
10. \_\_\_\_\_  
Name of High School City State Graduation Date
11. \_\_\_\_\_  
College Attended City State Graduation Date
12. \_\_\_\_\_  
Additional College Attended City State Type of Degree
13. \_\_\_\_\_  
If GED – Agency that awarded GED State Date of GED
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### Previous Law Enforcement Experience

14. Have you ever been employed in law enforcement?  Yes  No (If no, then go on to next section.)

15.

Department Name	Location	From - To	Reason for Leaving

(Use additional paper if necessary)

### Military Experience

16. If none, check here  and go on to next section.

17. Branch: \_\_\_\_\_ 18. Type of Discharge: \_\_\_\_\_  
(If discharge is other than honorable, attach explanation)

19. Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

### Employment History

(List below present and past employment, beginning with most recent.)

Name of Company: \_\_\_\_\_  
Address of Company: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

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Name of Company: \_\_\_\_\_  
Address of Company: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

(Use additional paper if necessary)

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### **Criminal and Traffic History**

The failure to provide all of the information requested in this section will result in the rejection of your application and bar you from further consideration. Include in your answers below each and every arrest and/or citation that you have received, along with the disposition of each and every arrest and/or citation. Dispositions include, but are not specifically limited to – dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty, pleas of nolo contendere, treatment under the First Offender Act, and bond forfeiture.

20. Have you ever been arrested – traffic citations should be listed in next section.

Yes  No (if the answer is no, proceed to next section.)

\_\_\_\_\_  
Charge Location Date Disposition

(Use Additional paper if necessary)

21. Have you ever received a traffic citation?

Yes  No (if the answer is no, proceed to next section.)

Charge	Location	Date	Disposition
Charge	Location	Date	Disposition
Charge	Location	Date	Disposition
Charge	Location	Date	Disposition

(Use Additional paper if necessary)

### Personal References

22. References: (Please provide at least three personal references that are not former employers or relatives.)

Name	Address	Phone Number
How long have you known this person?		How do you know this person?
Name	Address	Phone Number
How long have you known this person?		How do you know this person?
Name	Address	Phone Number
How long have you known this person?		How do you know this person?

Name	Address	Phone Number
How long have you known this person?		How do you know this person?

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### Personal Contact Information

23. Home Telephone: \_\_\_\_\_ Best Time to call: \_\_\_\_\_
24. Cellular Number: \_\_\_\_\_ Best Time to call: \_\_\_\_\_
25. Other Contact #: \_\_\_\_\_ Best Time to call: \_\_\_\_\_
26. Email address: \_\_\_\_\_

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### Consent Form

**(Voluntary – but required for background investigation)**

I do hereby authorize the review of and the full disclosure of all records concerning myself to the duly authorized agent of the Vidalia Police Department.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial institutions; and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for consideration for involvement in the Citizens Police Academy with the Vidalia Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. Further, a photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant’s Signature

Sex:  Male  Female

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Please read and sign below:**

The facts set forth in my application for employment are true and complete. I understand that if accepted, any false statements on this application may result in exclusion. I further understand that this application is not intended to be a contract of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(Notary) \_\_\_\_\_

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the **Vidalia Police Department** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment internship, or for use relative to the performance of my official duties with this agency.

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Full Name (Print)

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Sex

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Date of Birth

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Driver's License Number

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Signature

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Date